MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF HOME CARE AND REHABILITATIVE STANDARDS

LETTER OF INTENT FOR STATE LICENSURE and/or MEDICARE CERTIFICATION

COMPLETE INFORMATION AND RETURN ALONG WITH POLICY MANUAL AND MEDICARE FORMS, IF APPLICABLE. MAIL TO: MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES, BUREAU OF HOME CARE AND REHABILITATIVE STANDARDS, P.O. BOX 570, 912 WILDWOOD DRIVE, JEFFERSON CITY, MO 65102.

NAME OF AGENCY	TELEPHONE NO.
ADDRESS (STREET, CITY, STATE, ZIP)	COUNTY
CONTACT PERSON	

TYPE OF AGENCY

☐ HOME HEALTH AGENCY ☐ HOSPICE ☐ MEDICARE CERTIFICATION ☐ STATE LICENSURE

OWNERSHIP AND MANAGEMENT

☐ Hospital Based
☐ SNF/ICF Based Agency
☐ Rehabilitation Facility Based Agency
☐ Subunit
☐ Free Standing Agency
☐ Other _____

Provider Base Entity: _____
_____
Address: _____
_____
_____
Provider Number: _____
Fiscal Year Ending Date: _____

Non-Profit
☐ Corporation
☐ Other (Explain) _____

Proprietary
☐ Individual
☐ Partnership
☐ Corporation
_____

Government
☐ State
☐ County
☐ City
☐ City-County
☐ District

GEOGRAPHIC AREA

LIST COUNTY(IES).

SERVICES PROVIDED (Home Health Agencies Check Two or More -- Hospices Must Provide All Core Services)

☐ Skilled Nursing ☐ Occupational Therapy ☐ Other _____
☐ Physical Therapy ☐ Medical Social Services
☐ Speech Therapy ☐ Home Health Aide
List Direct Service (PT, ST or Nursing)_____

FOR OFFICE USE ONLY

Initial Forms Received

☐ 1513 ☐ 690 ☐ Lic. App. ☐ 855 Apprd:_____ ☐ OASIS MCDN Ltr. _____
☐ 1561 ☐ 417 ☐ Lic. Fee ☐ FI Additional Info ____ ☐ OASIS Transmission _____
☐ 2572 ☐ 30 ☐ SOS Registration ☐ OASIS Packet Mailed _____

Assigned Surveyor _____ Policy Manual Received _____ *Surveyor Checked Out Manual _____

OCR Forms Date: _____ 1561 Copies to RO: _____ Fed/Forms to Medicaid: _____

*Administrator Qualifications Approved: _____ *Geographic Area Reviewed: _____ *Manual Approved: _____

*Permission Given to Agency to Start Caseload and: _____ Confirmation Letter (90): _____
Complete OASIS Test Transmission

Copies Sent to Medicaid/Medical Services: _____

*Dates of Additional Contact: _____

_____

_____

Agency Called Bureau - Ready For Survey: _____

*Initial Survey Date: _____

* Surveyor's Responsiblity